## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

4425-131

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                    |                       |                              |                     |           | SMALL ENTITY TYPE |                        |           | OTHER THAN |                        |
|--|---|---|--------------------|-----------------------|------------------------------|---------------------|-----------|-------------------|------------------------|-----------|------------|------------------------|
| TC   | OTAL CLAIMS   |   | <i>H</i> 0         |                       |                              | 5 5 4 5 6           | ı         | RATE              | FEE                    | 1         | RATE       | FEE                    |
| FOR  |   | NUMBER FILED                              |                    | NUMB                  | BER EXTRA                    |                     | BASIC FEE | 355.00            | OR                     | BASIC FEE | 710.00     |                        |
| TC   | OTAL CHARGEA  | BLE CLAIMS                                | Ho min             | ₩ minus 20=           |                              | 20                  |           | X\$ 9=            |                        | OR        | X\$18=     | 360                    |
| INE  | DEPENDENT CL  | AIMS                                      | 2 mir              | 2 minus 3 =           |                              | * \$                |           | X40=              | <del></del>            | OR        | X80=       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                    |                       |                              |                     |           | +135=             |                        | 1 1       | +270=      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                    |                       |                              |                     | l         | +135=             |                        | OR        | TOTAL      | 1070                   |
|  | \$  | LAIMS AS A                                |                    |                       |                              | ĵ.                  |           | IUIAL             | <u> </u>               | OR        | OTHER      | THAN                   |
|  | 3.2   | (Column 1)                                | ·// ·              | (Colui                | mn 2)                        | (Column 3) SMALL EN |           |                   | ENTITY                 | OR        | SMALL      |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | PREVIO                | MBER                         | PRESENT<br>EXTRA    |           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus              | **                    |                              | =                   |           | X\$ 9=            |                        | OR        | X\$18=     |                        |
|  | Independent   | •   | Minus              | ***                   |                              | =                   |           | X40=              |                        | OR        | X80=       |                        |
|  | FIRST PRESE   | NTATION OF MU                             | JLTIPLE DEP        | ENDEN                 | T CLAIM                      |                     |           | +135=             |                        | OR        | +270=      |                        |
|  |   |   |                    |                       |                              |                     | L         | TOTAL             |                        | ا ا       | TOTAL      |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                    |                       |                              |                     |           | ADDIT. FEE        |                        |           | ADDIT. FEE |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ****               | HIGH<br>NUM<br>PREVIO | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA    |           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE       | ADDI-<br>TIONAL<br>FEE |
| NDN  | Total   | *   | Minus              | **                    |                              | =                   |           | X\$ 9=            |                        | OR        | X\$18=     |                        |
| AME  | Independent   | *   | Minus              | ***                   | _ =:                         | =                   |           | X40=              |                        | OR        | X80=       |                        |
|  | FIRST PRESE   | NTATION OF MU                             | JLTIPLE DEP        | ENDEN                 | CLAIM                        |                     |           | +135=             |                        | OR        | +270=      |                        |
|  |   |   |                    |                       |                              |                     | L         | TOTAL             |                        |           | TOTAL      | j                      |
| (Column 1) (Column 2) (Column 3)   |   |   |                    |                       |                              |                     |           | ADDIT. FEE        |                        | 1 1       | ADDIT. FEE |                        |
| AMENDMENT C  | in Consulption  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO | HEST<br>MBER                 | PRESENT<br>EXTRA    |           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus              | **                    |                              | =                   |           | X\$ 9=            |                        | OR        | X\$18=     |                        |
| AME  | Independent   | *   | Minus              | ***                   | <del></del>                  | =                   |           | X40=              |                        | OR        | X80=       |                        |
|  | FIRST PRESE   | NTATION OF MU                             | JLTIPLE DEP        | 'ENDEN                | T CLAIM                      |                     | ╵┠        | +135=             |                        | OR        | +270=      |                        |
| **   | If the entry in colur<br>If the "Highest Nur<br>'If the "Highest Nu | <b>L</b>                                  | TOTAL<br>DDIT. FEE |                       |                              | TOTAL<br>ADDIT. FEE |           |                   |                        |           |            |                        |
|  |   | nber Previously Pai                       |                    |                       |                              |                     | r foui    | nd in the app     | ropriate box           | in col    | umn 1.     |                        |